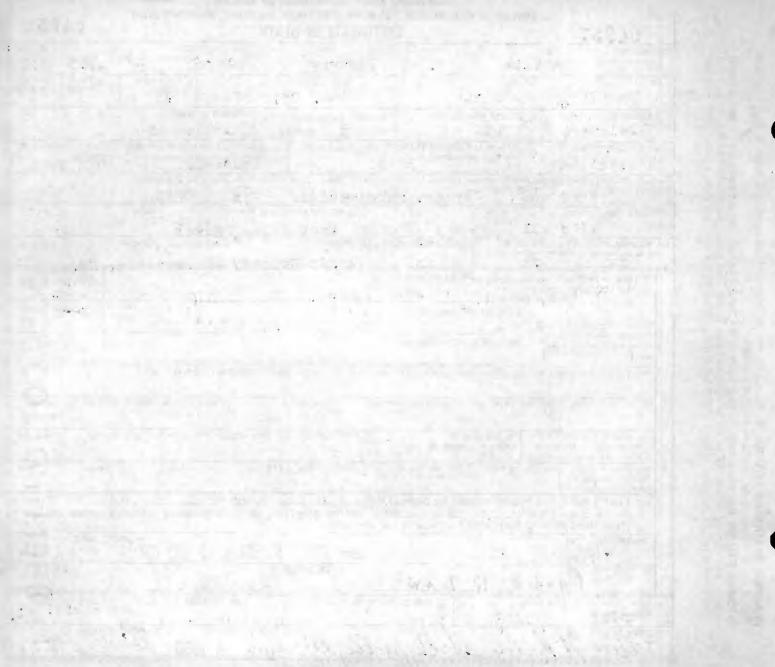


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U4952 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR I death. after death funeral 1 and pup (Type or print) Amelia March Month 1988 H. Donoway 6:00M IF UNDER 24 HRS Toors after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF ISNDER I YEAR lost bidbooy) White Oct. Famale 1874 23. requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. 8IRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED USA Worcester WIDOWED TX DIVORCED [crematian, ar remaval, and in any event, within 7 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) OWN give street oddress) Whaleyville Home home completely 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 36. COUNTY Worce ster Whaleyvi RFD Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First and First Mitchell Donoway Mary Ellen Parker physician c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) Claude Donoway APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove to signed by the burial-transit p burial, cremati rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ficate has been s far use as the b f Health priar tab 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗔 After this certificate h I be detached far use State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 3 , 19 48, ta 22a. I certify that (1) (this haspital) attended the deceased fram _1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an 3 - 3 be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 3-52-68 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) HARL 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) orcester 3/6/68 ADDRESS FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 30M REV.

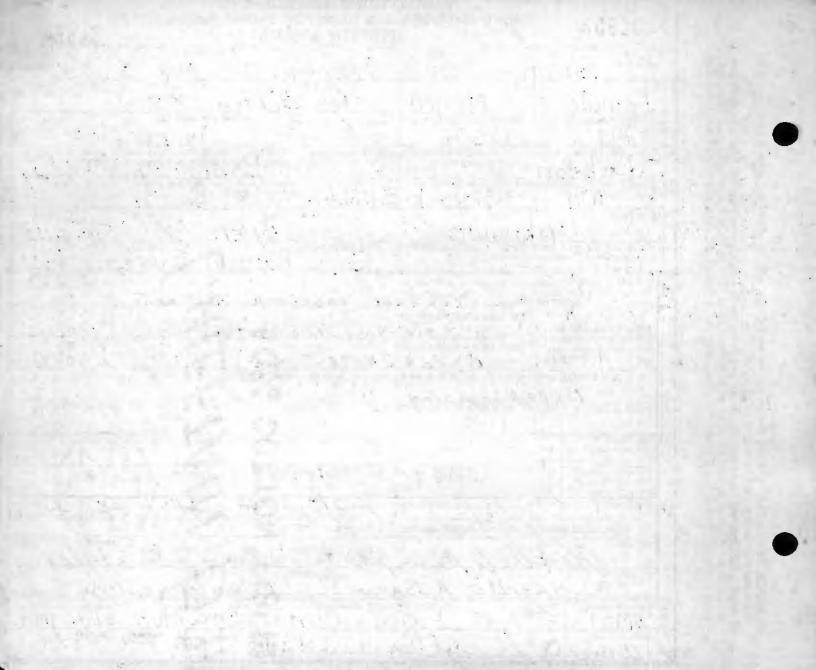
MAKYLAND SIAIE DEPAKIMENI OF HEALIH



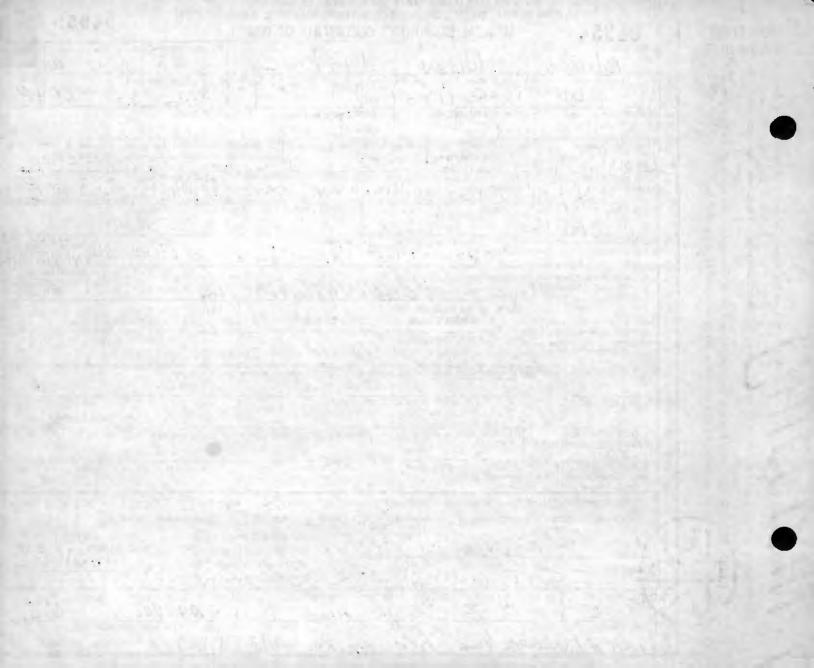
10	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
2 CM	I	tem 5 Film G398 3/11/68 kk CERTIFICATE OF DEATH	
£ _42V		DECEASED-NAME First Middle Lost 20, DATE OF DEATH 2b, HOU	R
Funeral 1 and 2	1	(Type or print) ETHEL FRANCIS EVANS Month Day Yeor March 1. 1968	M
a ₹ - ia	3. 5	SEX 4 RACE S. DATE OF BIRTH 7 808 6. AGE (In years 1 of UNDER 1 YEAR 1 IF UNDER 24 MI	
aft ges s aft	127	cemale White Aug. 11. V968/ 69 YRS. MONTHS DAYS HOURS M	IIN.
Sin San		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	_
in 24 hours	con	WINDOWS TO PROPER TO	Md.
filled pape		CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL OR INSTITUTION (If not in baseital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR	mu.
E	9	Snow Hill give street oddress) Snow Hill give street oddress) Snow Hill give street oddress) Auring most of working life, even if retired.) Housewife Own Home	
ecuted with campletely ave carbon y event, with	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d, WISIDE CITY LIMITS? 13e STREET AND NUMBER	
cute cute owe ove	Iddi	nissian) STATE 136 COUNTY Snow Hill YES NO 204 E. Federal St.	
d ce	-	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	-
be ex and e rem		Thomas Williams Ida B. Butler	
ertificate be physician a nen please noval, and ir	160	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
iffice al,		Yes, no, or unknown) (If yes give were detected service) NO - 213-1/2-111/2 Mr. C. T. Evans, Princess Anne, Md. APPROXIMATE INTERVAL	
cert nov			
ne death cer attending p permit. The		DADT I DEATH WAS CAUSED BY.	_
dec militien 1, all		100	-
tion		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Not not at in Carolinama (source which gave)	
at the nsit mati		rise to immediate cause (a), (I) PREASTREET CONTROLLING CONTROLLIN	
trie de la constant d		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires tha physician. signed by burial-tran		lost. 197) (c)	_
signal ph		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding een the rr to	No	Arteriosclerotic heart disease, Pulmonary emphysema, Chronic nephritis 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 1206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
e lo ten	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
문 로 를 시	E	AE2 NO CAOSES AL DESILUE	
AN: Signature Hee			
SICI Spirit Spir	MEDICAL	(If either, notify medical examiner) P.M. 19	
PHYSICIAN: The law re he haspital or attending this certificate has been etached for use as the begt, at Health prior to	2	While T Not while T OFFICE BUILDING, ETC.	
te G		IUI WOIK 43 WOIK	
Affe by Sto Sto		22a. I certify that (I) (this haspital) attended the deceased fram sept. , 19.66, ta 3-1-68, 19. , that (I) (we) leave the deceased glive and 2-27-69.	ast
med the the		saw the deceased alive an 2-27-68 19 , and that in (my) (aur) apinion death accurred an the date and haur and from t causes stated above, (I) (we) (did not) view the body after death.	116
TA ST		22b. SIGNATURE 22c. DATE SIGNED	-
d w		dunth I ha Med DEGREE PHYS. ATTENDING MED. STAFF PHYS. 3-4-68	
A L A L A L A L A L A L A L A L A L A L		22d PLYSICIAN'S 22a ADDRESS	_
O HOSPITAL OR ATTENDING Rage 4 may be retained by t FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the State		MAME(Type) Robert La Mar MD Snow Hill Maryland	
UNI UNI ecto	23 a	RIPLAL CEMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d IOCATION (City or Town) (County) (Stote)	
Paga Sipak		REMOVAL (Specify) 3/1/1968 Rates Methodist Cem. Snow Hill, Wor. Md.	
		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 10 COSD. REOSTRAR'S SUCHTURE	
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR ADDRESS Show Hill, Md. 250. RECD BY REGISTRAR 19685b. REOSDIANS SURALLY MARK. DATE MARK.	

rals li'rdl asinolarra e what he inimate (Acceptation) strike; configure of administration - granisacionelle delle dinami, disputat control, durante describin and the same of th

				MARYLAND STATE DEPARTMENT OF HEALTH
7	1		1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1				
	4 =24			CEASED-NAME First Middle Lost 20. DATE OF DEATH Year or print) 20. DATE OF DEATH Year 20. DATE OF DEATH Year 20. DATE OF DEATH
	death, and 2 death,		,,	Dargh Freman Mar. 3 1968
	a 2- a		3. SE	
	to the second			Female Negro Feb. 23, 1916 Statistical VRS. MONTHS DAYS HOURS MIN
	haur in sy irs. Z houl		70. E	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTLY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	n 24 ho Med in papers.			11d. U.S.H. WIDOWED DIVORCED Worcester M
	= -	00	10. €	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during dost of work done during dost of working life, even if retired.)
	npletery corbon		130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	and completed a remark confirmant confirmation and event,	23	odmi	ssion) STATE Md. 13b. COUNTWORCESTER Stockton YES NO 80 Bx. 138
	and co	1	14.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First, Middle Lost
	be n ar			Unknown Ellen Terpin
	cate sicia sicia			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY ND. 17 INFORMANT LANGES LANGE
	t the death certificate b the attending physician sit permit. Then please nation, ar removal, and i			es, nanofunknown) (It yes give war or doles of sarvice) James Foeman Stockton, Md.
	ing ing			1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:
	ent mit. ar r			IMMEDIATE CAUSE (0) CEREBROL VASCULAR ACCIDENT
	ath peri			4/2.0 DUE TO, OR AS A CONSEQUENCE OF
	the the			rise to immediate couse (a). (b) CARDIO-VASCULAR SCIEROSIS UNDETERM
	tha by can			stating the underlying cause DUE ID, OK AS A CONSEQUENCE OF
	ed ed ed al, c			10 HYPER CHOIESTIMIA UNDETERM
	equires that the d physician. signed by the att burial-transit peri			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ng I		22	440 XMX PERTENSIAN
	law be be		ATTO	190. DATE OF OPERATION 1916 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	AN: The law real are attending itale has been for use as the Health prior ta	X	CERTIFICATION	YES NO CAUSES OF DEATH?
	ar de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la contra del la contra de la contra del la co	,		210. ACCIDENT WAS UNDERLYING (21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
	PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal		MEDICAL	□ OR CONTRIBUTING □ CAUSE OF GEATH HOUR A.M. Month Doy Year
	asplassing cert		MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Gity or Town County Stote
	by the haspi offer this certification be detached State Dept. a			While Not while of work
	ING by file tate			
	ed to the She She She She She She She She She S			22a. I certify that (I) (this haspital) attended the deceased fram
	R ATTENI retained ECTOR: A 3 should with the			22b. SIGNATURE 22c. DATE SIGNED .
	OR ATTENDING be retained by the SIRECTOR: After the 3 should be ded with the State			Mercelle A Read to DIGERT PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D 2 14/18
	ALC IN the same of the files			22d. PHYSICIADS 22e. ADDRESS
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar should be filed with the State Dept. af Health prior ta burial, cre.	1		NAME (Type) NEVILLE A. BAROM POGOMOTE MID.
	Gertieert		239	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOGATION (Cyty of Town) (County) (State)
	5 5 P	(A)	L	Service 3-9-68 Forman Cem. Stockton Wor. 11d.
	VR A15		23	FINITERAL DIRECTOR 250. REC'D BY REGISTRAR 40035b. REGISTRAR 5 SIGNATURE
	30M REV.	1/68-	ノ	January Dew Church, Val Date MAR 1 1998



15	It +-	ems 18,22a film 399 MARYLAND STATE DEPARTMENT OF HEALTH 25-63 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1055
FOR STATE		04954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4955
HEALTH DEPT.		DECEASED NAME First And SEN 4 19 DEC 20 DATE KNOWN Month Do OF ESTI- DEATH MATED MAR 1	y Yeor 2b. HOUR
PM3. Pag.	3. 5		Year 68 4 P M
2, P		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOTICE OF THE PROPERTY OF DEATH WIDOWED DIVORCED COSTOR	Md
death with farm	16	give street address) (during most of working life, even if yetired.) INC	KIND OF BUSINESS OR
after along along with the eoth.	130	. USUAL RESIDENCE (Where deteosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE (The LIMITS? 13e STREET AND NUMBER promission) STATE 13b COUNTY DE REAL FOR ESCUE YES NO REAL	A Ave.
	14.	FATHER'S NAME First Middle Higher Is. MOTHER'S MAIDEN NAME First Middle LOST EMMA PORTER	Lost
within 24 n pentil in Examiner's File pages		WAS DICEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wor or dates of service) 156-67-1268 HARRYD Higher Wood And Ex	LAURE LA
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Pulmonary Edward NG / / NG / / NG / / Stop Edema	BETWEEN ONSET AND DEATH Minutes
X 2 € 0 =		Conditions, if ony, which gove) DIL TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove) DIL TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	parts
		stoting the underlying couse O), DUE TO, OR AS A CONSEQUENCE OF Ost. Myocardial Hypertrophy & Bronchial Asthma	
and the	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certific ote, writin e forwords be used as removol,	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
The liftico of or or	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	1B.)
	WEI		County State
CAL EXECUTOR: Page d for)		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Hamicide Undetermined manner	and in my apinian
L		ACTUAL CHIEF MEDICAL EXAMINER (NED 10 CO
).	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) TO COLOR OF THE PROPERTY	AQ 10,68
TO DEP necesso the fun 5 moy TO FUNE Health	230		ounty) (State)
VR A15ME (5)	24.	EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGI	
10M REV. 1/68	6	MIRICATUNERACHOME BERLIN, MD. DATMAR 1 4 1968	HARME !



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 04956
£ 88		CEASED NAME First Middle Last Zo. DATE OF DEATH 26. HOUR
Da (9)	(1)	(pe or print) George C. James Mar. 28 1968 6:30P.M
£ 5.25	3. SE	4 RACE . S. DATE OF BIRTH 6 AGE (In yours I FUNDER 1 YEAR I IF UNDER 24 MRS.
a afte		Male Negro June 21, 1892 last birthdays YRS MONTHS DAYS HOLRS MIN
		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
d in Pers	caun	TEAN. U.S.H. WIDOWED DIVORCED WOYCESTEY Md.
fille fille thin	10. 6	THE OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mips) of working fe, even if retired) 120. USUAL OCCUPATION (Kind of work dane during mips) of working fe, even if retired) 130. USUAL OCCUPATION (Kind of work dane during mips) of working fe, even if retired)
wit rboi r, w	122	USUAL RES DENCE (Where deceased lived, if institut on Residence before 13 CITY OR TOWN, 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 17 the functor, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Bure 1 propers, should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.		SIGNO STATE M. 13b COUNTY OF CESTER POCOMOKE YES NOW REPORT AND ROBBERT AND RO
exe emo ony	14. F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Last
be du dun		William James Sarah
cate sicio pleas	16a, Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 17 INFORMANT 17 INFORMANT 18
phy en over	H	170 165-16-2063 11 laggie 541123 N.1.22 10 Colling 110
equires that the death ce physicion. signed by the ottending buriol-transit permit. The burial, cremotion, or rem		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
leat mit.	П	IMMEDIATE CAUSE (a) Cerebro Case Car & Terrer
off per		DUE TO, OR AS A CONSEQUENCE OF
the the root	П	rise to immediate cause (a). (b) (b) (c) (b)
the Tank	H	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF /
rres ysici iol- iol-	П	last. 33 7 x (c)
sign phy but	Н	PARNS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140)
w ding ding een the ir to	NO.	as its, know . I hay there was continued the
The law requires the other of the other of the physician. Has been signed by se os the buriol-train in prior to burial, cre	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?
or of the house	EE	27a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
PHYSICIAN he hospital a his certifical efached for Dept. of He	MFDICAL	□ DR CONTRIBUTING □ CAUSE OF CEATH HOUR A.M. MONTH DOY YEAR
YSIC ospi cert cert hed ot. o	MED.	
PH his his this operated		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FAKAM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work of work
NG y th ter i ter d hate	Н	220. I certify that (1) (this hospital) attended the deceased from la 20th 2), 196 x, to/(0.4-1.2+, 1960, that (1) (we) lost
ed bed bed bed bed bed be She She She She She She She She She Sh	П	saw the deceased alive on 17/2 1964, and that in (my) (aur) apinian death accurred on the date and hour and from the
TI NO STATE	П	causes stated above, (I) (we) (did) (did nat) view the body after death.
OR ATTENDING be retoined by the MRECTOR: After it as 3 should be ded with the State	П	20 SONATORE DESCRETE PHYS DIRECTOR DIRE
TAL Nay bay Page e file		22d PHYSICIAN'S NAME (Type) 1/F Sautopins 22e. ADDRESS 22e. ADDRESS
NER TOT		TV STATOLIOS
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal	230	THUR AL, CREMATION, 231/1DATE 23C NAME OF CEMETERY OR CREMATORY 23d, LOKATION (City or Town) (County) (State), REMOVAL (Specify) HOL. 2, 1968 HOLLS Hill Com. 1-000 Mor. (State)
7, ,	24	FUNERAL DIRECTOR 2 ADDRESS / 250 REGISTRAR 256 REGISTRARS SIGNATURE
30M REV. 1708	1/	Janus Sweet New Church Var DATE APR 1 1968 Schools Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04956 3495 1 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 2n. DATE OF DEATH 2b. HOUR (Type or print) Month CHARLTE PILCHARD March IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years within 24 hours after MONTHS DAYS last birthday) White March 20. Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED 🔀 WIDOWED [DIVORCED | Maryland Worcester 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) during most of working life, even if retired.), **INDUSTRY** Berlin Berlin Nursing Home Carpenter Cabinet signed by the attending physician and complet burial-transit permit. Then please remave carl burial, crematian, ar removal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e, STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY NO Girdletre Maryland Morcester 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Dennard Pilchard Cora Brittingham 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 030-32-0721 Mr. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🔲 Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 214. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City of Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from _______, 19____, and that in (my) (our) or to -1- 6 6. 19 , and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22a. ADDRESS 22d. PHYSICIANCS NAME (Type) Clifford Schott Berlin. Md 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION (County) REMOVAL (Specify) Girdletree, Md. Baptist Cemetery Mar. L 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE MAR 1968 Misula 30M REV. 1/68 Show Hill, Md.

- COSSA - CONTRACTOR NAME OF THE PARTY OF TH Last plants and the second QERUIL VIII All the state of t

	1	MAKTLANU STATE DEPAKTMENT OF MEALTH
FAD CREEK		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	-	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH
HEALTH DEPT.	1, 1	DECEASED NAME 20. DATE KNOWN Month Day Year 2b. HOUR Type or Print) OF ESTI-
oge of		LEGGY LIENE TURNE DEATH MATED IN THE MACH TO MACH
deloy and 3 M3. Po	3. 5	4. RACE S. DATE OF BIRTH 6. AGE (In yours if UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost Birthday) MONTHS DAYS HOURS MIN Month Doy Year
ny deloy is 2, and 3 to PM3. Poge partment if		10 Dept 3 1746 21 YRS
Bullet .	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
S 0 0	108	Mowell, 19d USA WIDOWED DIVORCED UDRCESTER. Md.
\$ 5 - 5 O	199	CITY OR TOWN OF JEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital local during most of working life, eyes if Jetired.) INDUSTRY
00	10	URAI-BIShear (1 & give street oddress) Parts during most of working life, eyer if retired.) INDUSTRY
Softer of the so		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. AT REET AND NUMBER
200	-	odmission) STATE (Md 13b. COUNTY GOR BISHOPULLE YES IN NOW ROUTE) POX 143
hours Item Office I and 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
		Moses - MORNELL (MARGIE MUMFORD.
thin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or ynknown) (If yes give wor or dotes of service) 2.3 Social Security No. 17. INFORMANT
nould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-tronsit permit. File pages any event within 72 hours		18, 100 Magnetic and a service of the service of th
Pin Time		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nief Medical E unsit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OUN Shot wound head INSTANT:
Me me mut v		965 X DUE TO, OR AS A CONSEQUENCE OF
"pe "pe inef eve		Conditions, if ony, which gove
ould vord ne Ch al-tre any		rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF
e should be the word "per to the Chief burial-transit		last. (c)
INER: This certificate should be certificate, writing the word should be forwarded to the C files. 3 should be used as a burial-tr shorion, or removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
fing ring rdec	z	981X
is certificate, writing forward to used one used one removel.	ATO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
his of the of th	CERTIFICATION	WAS PERFORMED?
		216. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
KAMINER: T te the certific ge 4 should b your files. age 3 should cremation, or	MEDICAL	CAUSE OF DEATH 1 P.M. 3 4 1968 SHOT IN head.
he sh mot	墨	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County: Stote
EXAMINER: tute the cert oge 4 shoul your files. Page 3 shoul , cremation		WHILE AT WORK
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinion
to t		death resulted from: Notural couses , Accident , Suicide , Homicide Underermined monner
be retain RAL DIRE prior to		CHIEF MEDICAL EXAMINER
al al al		SIGNATURE
Sory, mera be ERAI		FYAMINER'S COPUTY MEDICAL EXAMINER SOLVEN
o DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) - J. JOWN JEND JR MY CARBERT CARLONA, MOUNTY OF
55 # 25 # 25 # E	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
	4	Bremoval (specify) 3/9/62 Dukes Cem. Bishop, Wor. Maryland
3	24.	EUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR S SIGNATURE
VR A15ME (5) 10M REV 1768	1	echard T. Watson Selbrille, Dcl. DATEMAR 1 1 1968 Icharles Jugas
3	7	

appears to have a continue . La Mapharit La THE LAND SAME